PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further correspondence including the Patent, advance orders and notification indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new emaintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						ondence address; A certificate of	and/or (mailing o	 b) indicating a separation only be used for 	ate "FEE ADDRESS" for domestic mailings of the	
CONVERT CONVERS OLD FLOOR DAY (LONG OSE BIORY 101 and change of anniess)						Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
26381	7590 09/11	/2007								
IP Authority, LLC Ramraj Soundararajan 9435 Lorton Market St. #801 Lorton, VA 22079						Certificate of Malling or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
Lonon, VA 2207	9				mericus				(Depositor's name)	
									· (Signature)	
									(Date)	
APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVEN		ATTOR		NEY DOCKET NO.	CONFIRMATION NO.	
10/604,997	08/29/2003	08/29/2003		Marc Todd		F		A-3031069	1996	
TITLE OF INVENTION STREAMING MEDIA IN				G THE PERFORMA	NCE	OF MULTIPLE	TRANSI	PORTATION STRE	AMS OF	
APPLN. TYPE	SMALL ENTITY	is:	SUE FEE DUE	PUBLICATION FEE	UE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES		\$700	\$300		\$0		\$1000	12/11/2007	
EXAMINER			ART UNIT	CLASS-SUBCLASS	3					
SINKANTARAKORN, PAWARIS			2616	370-253000	,					
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer				(1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered patent	reprinting on the patent front page, list the names of up to 3 registered patent attorneys ents OR, alternatively, the name of a single firm (having as a member a cred attorney or agent) and the names of up to distered patent attorneys or agents. If no name is 3 William C. McBeth					
Number is required. 3. ASSIGNEE NAME AN	ND RESIDENCE DAT	A TO R	F PRINTED ON	listed, no name wi	Malanda (rad parenga)					
	*					•	ee is ide	ntified below, the do	ocument has been filed for	
(A) NAME OF ASSIG	(B) RESIDENCE: (CITY and STATE OR COUNTRY)									
INEOQUEST TECHNOLOGIES				Mansfield, MA						
Please check the appropri	ate assignee category or	r catego	ries (will not be pr	rinted on the patent):		Individual 🖺 Co	orporatio	n or other private gro	up entity Government	
4a. The following fee(s) are submitted: △ Issue Fee △ Publication Fee (No small entity discount permitted) Advance Order - # of Copies				 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-4098 (enclose an extra copy of this form). 						
5. Change in Entity Stat	us (from status indicate SMALL ENTITY state				-	V		TY status. See 37 CF		
* * * * * * * * * * * * * * * * * * * *	Publication Fee (if req	uired) v	vill not be accepte	d from anyone other t					e assignee or other party in	
Authorized Signature	/ramraj sou	ında	rarajan/			Date 11-2	27-07	7		
Typed or printed name Ramraj Soundararajan				Registration No. 53832						
This collection of informa an application. Confident submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231 Under the Paperwork Red	3~1430.									